



City of Hilliard  
3800 Municipal Way  
Hilliard, Ohio 43026  
Telephone (614) 876-7361  
Fax: (614) 529-6017  
www.hilliardohio.gov

APPLICATION #

20-0512 LC

## 2020 PLANNING AND ZONING COMMISSION APPLICATION

### CHECK THE TYPE OF APPLICATION WITH CORRESPONDING FEE:

- |  |  |
|--|--|
| <input type="checkbox"/> Old Hilliard District Plan (\$250)  | <input type="checkbox"/> Preliminary Plat  |
| <input type="checkbox"/> Limited Overlay (\$750)   | <input type="checkbox"/> Residential (\$650 plus \$20 for each lot greater than 100 lots)                                    |
| <input type="checkbox"/> Rezoning  | <input type="checkbox"/> Commercial / Industrial (\$1500 plus \$20 per acre)   |
| <input type="checkbox"/> Single Family <5 acres (\$1000)   | <input type="checkbox"/> Final Plat  |
| <input type="checkbox"/> PUD/ HCD/ Old Hilliard District (\$2000)  | <input type="checkbox"/> Residential (\$900 plus \$20 for each lot greater than 50 lots)                                     |
| <input type="checkbox"/> All other zoning districts (\$3000)   | <input type="checkbox"/> Commercial / Industrial (\$1500 plus \$20 per acre)   |
| <input type="checkbox"/> PUD Final Development Plan (\$1000)   | <input type="checkbox"/> Lot Split or Deed Transfer  |
| <input type="checkbox"/> Modification of PUD Zoning/Final Development Plan   | <input type="checkbox"/> Residential (\$300)   |
| <input type="checkbox"/> Residential (\$250)   | <input type="checkbox"/> Commercial / Industrial (\$750)   |
| <input type="checkbox"/> Commercial (\$500)  | <input type="checkbox"/> Graphics Variance Application - List <b>ALL</b> Code Sections that apply and describe in Section I: |
| <input checked="" type="checkbox"/> Level "B" Site Plan (\$1000)   | <input type="checkbox"/> Within Old Hilliard District - one sign (\$150)   |
| <input type="checkbox"/> Level "B" Site Plan Minor Changes   | <input type="checkbox"/> Single Sign Variance (not in Old Hilliard) (\$200)  |
| <input type="checkbox"/> Residential (\$250)   | <input type="checkbox"/> Graphics Plan or Package - 2-3 signs, any district (\$500)  |
| <input type="checkbox"/> Commercial (\$500)  | <input type="checkbox"/> Graphics Package - 4 or more signs, any district (\$750)  |
| <input checked="" type="checkbox"/> Conditional Use (Specify Use Below)  | <input type="checkbox"/> All Other Reviews - Describe Below (\$100)  |
| <input type="checkbox"/> Old Hilliard (\$250)  |  |
| <input type="checkbox"/> Residential (\$400)   |  |
| <input checked="" type="checkbox"/> Commercial including Special Use for Wireless Communication Facilities (\$600) |  |

	Within Old Hilliard	Existing Single Family	All Others
First	\$100	\$100	Same as original fee
Second	\$200	\$200	1.5 times original application fee
Third	\$300	\$300	2.0 times original application fee

### SUBMISSION REQUIREMENTS:

- Required application fee (see above).
- One original complete application **with original signed and notarized property owner's signature.**
- One copy** of all required plans to scale on paper not larger than 22-inch-by-34-inch.
- One reproducible electronic copy** of all required plans to scale AND all application materials via compact disc (CD) or flash drive medium.
- Plot plan **to scale** showing property lines, easements, building footprint, and other information associated with the site.
- Legal description and all other documents required for the application.
- The names and mailing addresses of all property owners within 400 feet of the subject property **on mailing labels.**

### I. PROPERTY INFORMATION

Applicant/Business is known as: <b>SkilkenGold Development, LLC</b>		Property Address: <b>4279 Cemetery Rd, Hilliard, OH 43026</b>	
Tax District Parcel Number: <b>050-002973-00</b>		Parcel Size (Acres): <b>1.67</b>	
		Current Zoning District: <b>B-4</b>	
Property Location (if property address is not listed above):			
Specify Conditional Use or Describe Requested Review: <b>Conditional use for vehicle service station - The proposed restaurant/convenience store will be approximately 6,077 square feet with seven double-sided fuel dispensers.</b>			
FOR OFFICE USE ONLY		Date Received:	
Amount Received: <b>\$1,000.00</b>	Receipt Number: <b>409-100176</b>	<b>JUNE 3, 2020</b>	



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FOR OFFICE USE ONLY		Date Received:	
Amount Received: <b>\$1,000.00</b>	Receipt Number: <b>409-100176</b>	<b>JUNE 3, 2020</b>	



## II. PROPERTY OWNER INFORMATION

Name of Current Property Owner(s): SVCN 1 LLC c/o The RMR Group		
Mailing Address (Street, City, State, Zip Code) Two Newton Place/ 255 Washington Street, Suite 300, Newton, Massachusetts 02458-1634		
Daytime Telephone Number: 617-796-8216	Fax Number:	e-mail Address: dbastianelli@rmrgroup.com


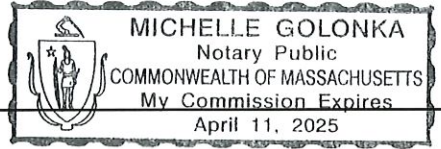
## III. CONTACT INFORMATION FOR OWNER'S AUTHORIZED REPRESENTATIVE

Name of Contact Person (Ex. Attorney, Architect, etc.) Frank Petruziello - SkilkenGold Development, LLC		
Mailing Address (Street, City, State, Zip Code) 4270 Morse Road, Columbus, OH		
Daytime Telephone Number: 614-205-3813	Fax Number:	e-mail Address: Sgold@SkilkenGold.com

## IV. AUTHORIZATION TO VISIT THE PROPERTY

Site visits to the property are necessary by City representatives in order to process this application. By completing and submitting this application, the Property Owner/Applicant hereby authorizes City representatives to visit, photograph, and post a notice on the property described in this application.

## V. OWNER AUTHORIZATION FOR REPRESENTATIVE

I, <u>Todd Hargreaves</u> , the Property Owner listed above, hereby authorize <u>SkilkenGold Development, LLC</u> to act as my representative and agent in all matters pertaining to the processing and approval of this application including modifying the project, and I agree to be bound by all representations and agreements made by the designated agent.	
Signature of Current Property Owner (listed above): 	Date:
Subscribed and sworn to before me this <u>2</u> day of <u>June</u> , 20 <u>20</u> . Notary Public <u>Michelle Golonka</u>	

## VI. APPLICANT'S AFFIDAVIT – (PLEASE PRINT)

STATE OF _____ COUNTY OF _____	
I, _____, the applicant or the authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of Applicant or Authorized Representative:	Date:
Subscribed and sworn to before me this _____ day of _____, 20____. Notary Public _____	

## II. PROPERTY OWNER INFORMATION

Name of Current <b>Property Owner(s)</b> : <b>SVCN 1 LLC c/o The RMR Group</b>		
Mailing Address (Street, City, State, Zip Code) <b>Two Newton Place/ 255 Washington Street, Suite 300, Newton, Massachusetts 02458-1634</b>		
Daytime Telephone Number: <b>617-796-8216</b>	Fax Number:	e-mail Address: <b>dbastianelli@rmrgroup.com</b>

## III. CONTACT INFORMATION FOR OWNER'S AUTHORIZED REPRESENTATIVE

Name of Contact Person (Ex. Attorney, Architect, etc.) <b>Frank Petruziello - SkilkenGold Development, LLC</b>		
Mailing Address (Street, City, State, Zip Code) <b>4270 Morse Road, Columbus, OH</b>		
Daytime Telephone Number: <b>614-205-3813</b>	Fax Number:	e-mail Address: <b>Sgold@SkilkenGold.com</b>

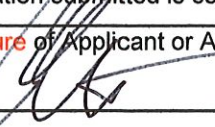
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## V. OWNER AUTHORIZATION FOR REPRESENTATIVE

I, <u>SkilkenGold Development, LLC</u> , the Property Owner listed above, hereby authorize <u>SkilkenGold Development, LLC</u> to act as my representative and agent in all matters pertaining to the processing and approval of this application including modifying the project, and I agree to be bound by all representations and agreements made by the designated agent.	
Signature of Current <b>Property Owner</b> (listed above):	Date:
Subscribed and sworn to before me this ____ day of _____, 20____. Notary Public _____	

## VI. APPLICANT'S AFFIDAVIT – (PLEASE PRINT)

STATE OF <u>OHIO</u> COUNTY OF <u>FRANKLIN</u>	
I, <u>FRANK PETRUZIELLO</u> , the applicant or the authorized representative, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all respects true and correct, to the best of my knowledge and belief.	
Signature of Applicant or Authorized Representative: 	Date:
Subscribed and sworn to before me this <u>2</u> day of <u>June</u> , 20 <u>20</u> . Notary Public <u>Karen L Baker</u>	



KAREN L. BAKER  
Notary Public, State of Ohio  
My Commission Expires 3-23-24



## VII. TRAFFIC IMPACTS

Which of the following conditions applies to this application (One box must be checked):

- ☐ A. This application has no impact on traffic, safety, or congestion in the area. Example applications include sign variances, architectural changes, setback variances, etc.  
**No traffic analysis is required.**
- ☐ B. A traffic analysis was conducted for this site previously, and this application is consistent with the development assumed in the previous study.  
**No additional traffic analysis is required.**  
**List the title and date of the previous study and include two copies with this application.**  
\_\_\_\_\_
- ☐ C. A traffic analysis was conducted for this site previously, but this application deviates from the assumptions in the previous study.  
**An update to the previous analysis is required.**  
**List the title and date of the previous study and include two copies with this application.**  
\_\_\_\_\_
- ☐ D. This application does not significantly change the trip generation or access of the site as it is currently being used, and the site is located away from areas of congestion. Example applications include modifying an existing use to a less intense or equally intense use from a traffic-generation standpoint with no need to change existing traffic control devices.  
**A "before" and "after" trip generation comparison or a brief narrative describing the trip-generating nature of the old and new use is required to support the claim that the proposed development generates an equal or less amount of traffic.**
- ☐ E. This application has an impact on traffic in the area. Example applications include a change in use, change in size of existing use, change in access, or rezoning to a more intense land use from a traffic-generation standpoint.  
**A traffic operations analysis (minor traffic study) is required in accordance with the "Applicant's Guide for Traffic Access and Impact Studies for Proposed Development".**
- ☐ F. This application has an impact on traffic in the area. Example applications include a new development of a significant size and traffic impact (rezoning, major modification to zoning, or development plan approval) or development of a site in a location that is currently experiencing nearby congestion.  
**A complete transportation study (major traffic impact study) is required in accordance with the "Applicant's Guide for Traffic Access and Impact Studies for Proposed Development".**

**One paper copy and one electronic copy** (all appendices in both) **OF THE TRAFFIC ANALYSIS CONDUCTED FOR THE SITE AS REQUIRED IN ACCORDANCE WITH THE "APPLICANT'S GUIDE FOR TRAFFIC ACCESS AND IMPACT STUDIES FOR PROPOSED DEVELOPMENT".**

A traffic analysis is required if C, E, or F was checked in Section III above. A "before" and "after" comparison of traffic generated by the development is required if D was checked in Section III above.

## VIII. FOR REZONING OR LIMITED OVERLAY APPLICATION ONLY

PREVIOUS APPLICATION: Has an application for rezoning the property been denied by the City Council within the last two years? ☐ Yes ☐ No If Yes, then state the basis of the reconsideration?

Reason:

**PLANNED DISTRICT REQUESTS:** Submit **one paper copy and one electronic copy** of a dated proposed development plan & text.

**LIMITED OVERLAY REQUESTS:** Submit **one paper copy and one electronic copy** of a dated proposed development plan & text.

**IX. STATEMENTS – (Please attach additional sheets as necessary to fully address the statement.)**

Existing Land Use/Development  <b>Vacant Restaurant Building</b>
Proposed Land Use/Development: <b>A restaurant with indoor and outdoor seating, convenience store with drive-in window service, fuel sales, and minimal outdoor display sales.</b>
<b>STATEMENT:</b> State briefly how the proposed development relates to the existing and potential land use character of the vicinity. (Attach letter of intent if additional space is needed.) <b>The proposed development coincides with the surrounding, retail uses of the area while concurrently revitalizing a prominent intersection. Additionally, the proposed development will provide a newer, more engaging retail tenant to occupy the corner of Cemetery Road and Britton Parkway, ultimately enhancing the retail corridor and the surrounding area.</b>
<b>STATEMENT:</b> State briefly how the proposed development relates to the Hilliard Comprehensive Plan. <b>The Hilliard Comprehensive Plan depicts a city with the aspiration to grow responsibly. In the Plan, it mentions how Hilliard is a "young community" with aspirations to attract new families to the city. By allowing newer retail tenants to redevelop crucial retail corridors, the city is ultimately facilitating a more vibrant, attractive community for new families to move to.</b>
<b>STATEMENT:</b> State briefly how the proposed development addresses pedestrian mobility and access within the site and to/from the site. <b>Based on the attached site plans, the proposed developments aims to maintain the access points and pedestrian routes on the property. Additionally, there will be one less access point on the southern portion of the property as to facilitate a better flow of traffic along Britton Parkway.</b>

**X. PLEASE INCLUDE THE FOLLOWING:**

**PLAN REQUIREMENTS:**

**(1) SET OF PLANS TO SCALE on paper not larger than 22-inch-by-34-inch:**

- a. The site and all land 500 feet beyond the boundaries
- b. North arrow and bar scale
- c. Existing conditions (Roads, buildings, vegetation, topography, jurisdictional boundaries, utilizes, etc.)
- d. Proposed Uses (Regional transportation system, densities, number of dwellings, building/unit types, square footages, parkland/open space, utilities, etc.)
- e. Existing zoning district boundaries
- f. Size of the site in acres/square feet
- g. All property lines, street rights-of-way, easements and other information related to the location of the proposed boundaries
- h. Landscape plan (tree preservation, tree replacement and table identify existing and proposed plant material including botanical name, common name, installation size, and spacing
- i. All building elevations to scale (dimensions, material colors, roof pitch, mechanicals including ground-and-roofing mounted, etc.)
- j. Color rendering or color building elevations of proposed building or building addition
- k. Storm water management plan and grading plan (conceptual plans may satisfy this requirement)
- l. Site lighting plan (including location and types of fixtures and light sources)
- m. Signage (including existing and proposed sign locations and elevation drawings in color)

One sample board of exterior building materials including colors and name of manufacturer.

**XI. NEIGHBORING PROPERTY OWNERS**

Submit one complete list of all neighboring property owners within 400 feet from the perimeter of the subject property and their mailing addresses. Such list is to be in accordance with the County Auditor's current tax list. The list must be submitted either on labels or on a computer disk formatted for Avery 5160. Applications lacking this information **WILL NOT BE ACCEPTED.**